FEC

STATEMENT OF

FORM 1	ORGANIZ	ATION		
1 Ottown 1	(See instructi	ons)		Office use only
NAME OF COMMITTEE (in f	ull) (Check if name is changed)	Example: If typying, type over the lines	12FE4M5	
National Sorg	num Producers Political Action	Committee		
ADDRESS (number and s	treet) 4201 N Interstate 27	7		
(Check if address				
is changed)	Lubbock		L <u>tx</u> L	79403 -
		CITY▲	STATE▲	ZIP CODE 📥
COMMITTEE'S E-MAI	L ADDRESS (Please provide only one e			
(Check if address X is changed)	marsha@malachi3	IOIIc.com		
COMMITTEE'S WEB I	PAGE ADDRESS (URL)			
(Check if address	1			
is changed)	1			
2. DATE 0.8	/ D D / Y Y Y Y Y 11 1 1 1 1 1 1 1 1 1 1 1 1			
3. FEC IDENTIFICA	TION NUMBER	C C00475673		
4. IS THIS STATEM	ENT X NEW (N) OR	AMENDED (A)		
Legrify that I have examin	ned this Statement and to the best of my kr	nowledge and belief it is true, corre	ct and complete	
. com, mar mare orani	·		or and complete	
Type or Print Name of	Treasurer Hannah Lipps			
Signature of Treasurer	Electronically Filed by Hannah I	Lipps	Date 08	
NOTE: Submission of fals	se, erroneous, or incomplete information m	ay subject the person signing this		
Office Use Only		For further informat Federal Election Com Toll Free 800-424-95	mission	FEC FORM 1 (Revised 02/2009)

	F	EC F	Form 1 (Revised 02/2009)	Page 2
5.			OMMITTEE (Check One) Committee:	
	(a)		This committee is a principal campaign committee. (Complete the candidate information below.)	
	(b)		This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the information below.)	ne candidate
	Name Candi			
	Candid Party A	date Affiliati	Office Sought: House Senate President	State
	(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
	Name Candi			
	Party	Comm		
	(d)		(National, State This committee is a (or subordinate) committee of the	(Democratic, Republican,etc.) Party.
	Politic	cal Act	tion Committee (PAC):	
	(e)	X	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	d organization is a:
			Corporation Corporation w/o Capital Stock Lab	oor Organization
			X Membership Organization Trade Association Co	operative
	(f)		In addition, this committee is a Lobbyist/Registrant PAC.	
	(f)	Ш	This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated committee. (i.e., nonconnected committee)	I fund or party
			In addition, this committee is a Lobbyist/Registrant PAC.	
			In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
	Joint F	undra	aising Representative:	
	(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or committees/organizations, at least one of which is an authorized committee of a federal candidate.	more political
	(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or committees/organizations, none of which is an authorized committee of a federal candidate.	more political
		Com	mittees Participating in Joint Fundraiser	
			1. FEC ID number C	
			2 FEC ID number C	
			3. FEC ID number C	
			. FEC ID number C	

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Write or Type Committee Name			
National Sorghum Produ	cers Political Action Committe	е	
6. Name of Any Connected Orga	anization, Affiliated Committee, Joint	Fundraising Representative, or I	Leadership PAC Sponsor
NONE			
Mailing Address	<u> </u>		
	<u> </u>		
	CITY	STATE A	ZIP CODE
Relationship:			_
Connected Organization	Affiliated Committee	Joint Fundraising Representative	Leadership PAC Sponsor
7. Custodian of Records: Ider possession of Committee by Marsha		mber optional), and position	of the person in
Mailing Address	4201 N Interstate 27	,	
	Lubbock		
Title or Position ▼	CITY A	STATE	ZIP CODE A
Assistant T	reasurer	Telephone number80	06 - 749 - 3478
name and address of any	nd address (phone number opt designated agent (e.g., assistant i ichardson PO Box 60		mmittee; and the
	Vega		
Title or Position ♥	CITY 🛦	STATE	ZIP CODE A
Treasurer		Telephone number	06 _ 749 _ 3478

FEC Form 1	(Revised 02/	2009	9)																				Pa	ige 4		
Full Name of Designated Agent	_																									
Mailing Address	-																									
	_															_			_							_
Title or Position ▼							C	CITY	A							ST	ATI	E 🛦				ZIP	COD	E A	,	
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Banks or Other I safety deposit box Name of Bank, De	es or maintain	l s fur	List inds.	all b	anks	s or o	other	r dep	osito	ries i	in wh	ich t	ne co	ommi	ittee	dep	osits	fund	ds, I	nolds	acc	coun	ts, re	ents		
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